Field Treatment

1. Basic airway/spinal immobilization prn
2. Oxygen/pulse oximetry/assist respirations with bag-valve-mask (BVM) prn ①
3. Advanced airway prn

Note: ②

4. Cardiac monitor/document rhythm and attach ECG strip prn
5. Venous access prn/blood glucose test

Note: ③

6. Provide cooling measures prn ④

7. If active seizure, **midazolam up to 0.1mg/kg** slow IVP titrated to control seizure activity.
   ❶ ❷ ❸ ❹ ③

☞ May repeat one time in 5 minutes.

8. If the blood glucose is <80mg/dl, administer **dextrose** for appropriate age. If patient is awake and alert, consider an oral glucose preparation.
   ❺

9. If hypoventilation or strong suspicion of narcotic overdose exists, consider **naloxone 0.1mg/kg** IVP titrated to adequate respiratory rate and tidal volume. May administer IM/IN if unable to establish venous access.
   ❻

Drug Considerations

Midazolam

❶ If venous access unobtainable, administer up to 0.1mg/kg intramuscular (IM) or intranasal (IN)
❷ May repeat one time prn
❸ Maximum dose 5mg.

Pediatrics: See Color Code Drug Doses/ L.A. County Kids
❹ **Midazolam** 0.1mg/kg IVP/IM/IN

❺ **Dextrose**:
0-2 years – 2ml/kg of dextrose 25% IVP
>2 years or > 40 kg – 1ml/kg of dextrose 50% IVP

❻ **Naloxone** 0.1 mg/kg IVP/IM/IN

Special Considerations

①If BVM, use "squeeze-release-release" technique.

② ET placement approved for patients ≥12 years of age **OR** ≥40 kg

③ If unable to establish venous access and hypoglycemic, consider **glucagon 1mg** IM.

④ Passive cooling measures:
✓Remove blankets
✓Remove clothing

⑤ Active seizure may include tonic and/or clonic activity or focal seizure with an altered level of consciousness.